

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> <u>Adams</u>	<b>Election Date:</b> <u>11/4/2025</u>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> <u>Angela N. Crouse, Director</u>	
<b>Voting System Name:</b> <u>Election Systems + Software</u>		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> <i>(note all affected precincts):</i>	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ <u>Adams</u> ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Angela Crouse

Signature of Chief Clerk  
or Authorized Representative

Angela N. Crouse

Name of Chief Clerk  
or Authorized Representative

11/17/2025

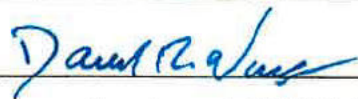
Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Allegheny	Election Date: 11/4/25	Date Incident Identified:
Person Completing Report	Name & Title David Voye	
Voting System Name: Election Systems and Software		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Allegheny] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

David R. Voye

Name of Chief Clerk  
or Authorized Representative

1/2/26

Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Armstrong</u>	Election Date: <u>11-4-25</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>James Webb - Election Director</u>	Phone/Email <div style="background-color: black; height: 20px; width: 100%;"></div>
Voting System Name: <u>Dominion voting / Liberty votes</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):  <u>There were no known malfunctions</u>		
Time span of the malfunction:  <u>N/A</u>	Source(s) who reported the malfunction to the county:  <u>N/A</u>	
Location (note all affected precincts):  <u>N/A</u>	Voting System Component(s) and Model(s) affected:  <u>N/A</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters <input type="checkbox"/> Prevented the tabulation of <u>0</u> ballots <input type="checkbox"/> Delayed the tabulation of <u>0</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>N/A</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Armstrong</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Karen M. Nott  
Signature of Chief Clerk  
or Authorized Representative

Karen M. Nott  
Name of Chief Clerk  
or Authorized Representative

12-17-2025  
Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> <i>Beaver</i>	<b>Election Date:</b> <i>November 4, 2025</i>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b>	<b>Phone/Email</b>
	<i>Colin Sisk, Director of Elections</i>	
<b>Voting System Name:</b> <i>ES&amp;S EVS 6.0.1.0 – DS200 Precinct Scanners, Expressvote BMD, DS450 Central Tabulators</i>		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> <i>(note all affected precincts):</i>		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ <i>Beaver</i> ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

  
 Signature of Chief Clerk  
 or Authorized Representative

*Colin M Sisk*  
 Name of Chief Clerk  
 or Authorized Representative

*12/30/2025*  
 Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Bedford	<b>Election Date:</b> 11.4.2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Julie Egolf Admin Asst.	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Liberty Vote		
<b>Equipment Malfunction Description</b> (Summarize and describe the nature of the incident here): Scanner on ICP was not accepting ballots, Scanner replaced. While waiting for tech voters used emergency bin on ICP		
<b>Time span of the malfunction:</b> 30 min	<b>Source(s) who reported the malfunction to the county:</b> Judge of Election	
<b>Location</b> (note all affected precincts): Woodbury Borough	<b>Voting System Component(s) and Model(s) affected:</b> ICP Scanner Image cast Precinct	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input checked="" type="checkbox"/> Delayed the casting of ballots by <u>5</u> voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  Scanner was replaced on site, All scanners are tested during L+A including backups		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Bedford] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

Julie Egolf  
 Name of Chief Clerk  
 or Authorized Representative

12-12-25  
 Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

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<b>County:</b> Berk	<b>Election Date:</b> 11/4/25	<b>Date Incident Identified:</b> 11/4/25
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Jeffrey Reichart Operations/Systems Manager	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S 6.3.0.0		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ): 1. DS200 scanner failure. 2. ExpressVote repeated error messages/alerts. 3. ExpressVote repeated and frequent error messages/alerts/not accepting ballots. 4. DS850s and DS450s continuously jammed while scanning the two-page ballot with deep folds.		
<b>Time span of the malfunction:</b> several minutes for each incident	<b>Source(s) who reported the malfunction to the county:</b> <b>Poll workers, Elections Staff</b>	
<b>Location</b> ( <i>note all affected precincts</i> ): <small>1. L. Alsace 1 2. Reading(4-1,12-3,16-5,18-3), Albany, L. Alsace 2, Amity 6, Bethel, Birdsboro 1, Boyertown 2, Brecknock 1, Caernarvon 2, Centre 1, Colebrookdale 1, Cumru 1, Earl 1, Exeter(1,4,8), Fleetwood 2, Greenwicht 2, L. Heidelberg 1, S. Heidelberg 1, Hereford 1, Maiden creek 1, Marion, Mohnnton, Muhlenberg 7&amp;10, Oley 1&amp;2, Robeson 1&amp;4, Spring(3,5,8,13), Topton, W. Reading 1, Wyomissing 2 3. Reading(14-1,14-6,15-1), Exeter 5, N. Heidelberg, Longswamp 2, Muhlenberg 1, Robesonia, Wernersville 4. Central Scan</small>	<b>Voting System Component(s) and Model(s) affected:</b> ExpressVote machines, DS200, DS450s, and DS850s	
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input type="checkbox"/> Delayed the casting of ballots by ____ voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input checked="" type="checkbox"/> Delayed the tabulation of <u>MI/AB</u> ballots         </div> <div style="width: 50%;">           1. No impact: bypass bin was used.            2.&amp;3. No Impact: other ballot marking devices were available for voters to use.            4. Scanning at Central Scan was significantly delayed throughout the day.         </div> </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):		
1. Technician replaced the machine which corrected the problem. 2. Technicians cleaned these machines. Voters were able to resume using the machines. 3. Technicians replaced these machines and voting on these machines resumed. 4. Workers performed additional ballot prep and ballots were processed in smaller batches. This cut down on the jams but slowed down all the scanning.		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

  
 Name of Chief Clerk  
 or Authorized Representative

12/4/2025  
 Date

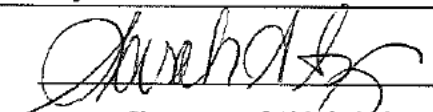


# Voting System Malfunction Report

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County: Blair	Election Date: 11-4-25	Date Incident Identified: 11-4-25
Person Completing Report	Name & Title Sarah Seymour Director of Election	Phone/Email [REDACTED]
Voting System Name: ES+S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Judge called in the DS200 scanner would only accept the ballot in half way and then return ballot to voter		
Time span of the malfunction: 25 min	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Frankstown 5 Geesey Firehall	Voting System Component(s) and Model(s) affected: DS200 Precinct Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>10</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Immediately dispatched rover with new machine to troubleshoot or swap out machine. Voters used aux bin to store ballots until scanner working. - Rover found part of ballot paper lodged on roller. Once stub paper was removed - scanner worked.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
Signature of Chief Clerk  
or Authorized Representative

SARAH A. Seymour  
Name of Chief Clerk  
or Authorized Representative

11-4-25  
Date

# Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Blair	Election Date: 11-4-25	Date Incident Identified: 11-4-25
Person Completing Report	Name & Title Sarah Seymour Director of Election	Phone/Email [REDACTED]
Voting System Name: ES+S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS450 - power surge that shut machine down after 2 batches of ballots ran through		
Time span of the malfunction: DS450 - down all day	Source(s) who reported the malfunction to the county: County Scanner	
Location (note all affected precincts): Central Count - Election Office	Voting System Component(s) and Model(s) affected: ES+S DS450 High Speed Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
County switched to our back up DS450 high speed scanner - had ES+S field rep look @ DS450 - power surge that blew out one board in machine.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk  
or Authorized Representative

Name of Chief Clerk  
or Authorized Representative

Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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<b>County:</b> BRADFORD	<b>Election Date:</b> NOVEMBER 04, 2025	<b>Date Incident Identified:</b> <div style="background-color: black; height: 1.2em; width: 100%;"></div>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Renee Smithkors - Director	<b>Phone/Email</b> <div style="background-color: black; height: 1.2em; width: 100%;"></div>
<b>Voting System Name:</b> UNISYN OPEN ELECT 2.2		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):  		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> (note all affected precincts):	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by <u>  0  </u> voters  <input type="checkbox"/> Delayed the casting of ballots by <u>  0  </u> voters  <input type="checkbox"/> Prevented the tabulation of <u>  0  </u> ballots  <input type="checkbox"/> Delayed the tabulation of <u>  0  </u> ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  <div style="height: 60px; border: 1px solid black;"></div>		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <b>BRADFORD</b> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk  
or Authorized Representative

Renee Smithkors

Name of Chief Clerk  
or Authorized Representative

11/26/2025

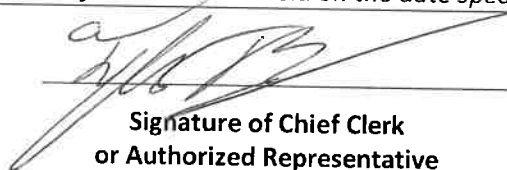
Date

## Voting System Malfunction Report

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<b>County:</b> Bucks	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b> November 12, 2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Tyler B. Burns, Esq., Director - Board of Elections/Voter Registration	<b>Phone/Email</b> <div style="background-color: black; width: 100px; height: 30px;"></div>
<b>Voting System Name:</b> ClearBallot ClearVote 2.3		
<b>Equipment Malfunction Description (summarize and describe the nature of the incident here):</b> Two ClearCast machines, one in Northampton 6 and one in Northampton 17, generated identical, duplicate "box id" numbers when the election was loaded on each machine. This did not impact voting on election day, precinct-level tabulation, or election officials' ability to complete end-of-night duties. However, it delayed the central reporting of results from the machine in Northampton 17 as the ClearCount central tabulation system's security measures prevent the same box id from being merged into the system more than once.		
<b>Time span of the malfunction:</b> N/A	<b>Source(s) who reported the malfunction to the county:</b> Director	
<b>Location (note all affected precincts):</b> Northampton 17	<b>Voting System Component(s) and Model(s) affected:</b> ClearCast Precinct Scanner	
<b>Impact of the malfunction (check and provide numbers for all that apply):</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input type="checkbox"/> Delayed the casting of ballots by ____ voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div> <div style="width: 35%;">           Delayed the central reporting of 206 ballots.         </div> </div>		
<b>Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</b> Once the duplicate box ids were identified, the election day ballots from the ClearCast machine in Northampton 17 were centrally scanned and checked against records from the precinct. Central scanning resolved the delayed reporting of results for this machine successfully.		
<b>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</b> <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

Tyler Burns  
 Name of Chief Clerk  
 or Authorized Representative

12/9/25  
 Date

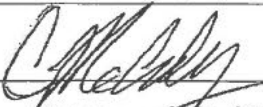


## Voting System Malfunction Report

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<b>County:</b> BUTLER	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Chantell McCurdy-Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):  		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> (note all affected precincts):	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  Poll workers were attempting to cast their own ballots and the scanner would not accept the ballots. No voters were present as the precinct has less than 50 voters. The scanner was replaced before any voters were affected. Vendor recalibrated the scanner and it is testing fine.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <b>BUTLER</b> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
\_\_\_\_\_  
Signature of Chief Clerk  
or Authorized Representative

Chantell McCurdy  
\_\_\_\_\_  
Name of Chief Clerk  
or Authorized Representative

12/31/2025  
\_\_\_\_\_  
Date

## Voting System Malfunction Report

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County: <u>Cambria</u>	Election Date: <u>11/4/25</u>	Date Incident Identified: <u>NG Incident</u>
Person Completing Report	Name & Title <u>Nicole M. Burkhardt Director of Election</u>	Phone/Email <span style="background-color: black; color: black;">[REDACTED]</span>
Voting System Name: <u>ES&amp;S DS450, DS200, Express Vote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):  <u>None</u>		
Time span of the malfunction:  <u>None</u>	Source(s) who reported the malfunction to the county:  <u>None</u>	
Location (note all affected precincts):  <u>None</u>	Voting System Component(s) and Model(s) affected:  <u>None</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):          		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Cambria</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Nicole M. Burkhardt

Signature of Chief Clerk  
or Authorized Representative

Nicole M. Burkhardt

Name of Chief Clerk  
or Authorized Representative

12/10/25

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: CAMERON	Election Date: 11/4/2025	Date Incident Identified: NA
Person Completing Report	Name & Title ANNETTE CAMPBELL ELECTION DIRECTOR	Phone/Email [REDACTED] [REDACTED]
Voting System Name: Election Systems Software - DS200 Tabulator		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NA		
Time span of the malfunction: NA	Source(s) who reported the malfunction to the county: NA	
Location (note all affected precincts): NA	Voting System Component(s) and Model(s) affected: NA	
Impact of the malfunction (check and provide numbers for all that apply): NA  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  NA		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [CAMERON] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

*Annette Campbell*

Signature of Chief Clerk  
or Authorized Representative

ANNETTE CAMPBELL

Name of Chief Clerk  
or Authorized Representative

11/04/2025


Date

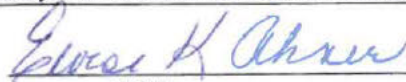


## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Carbon</u>	Election Date: <u>11-4-25</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Jennifer Ketchledge</u>	Phone/Email 
Voting System Name: <u>Dominion Voting System / Liberty Vote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):  <u>N/A</u>		
Time span of the malfunction:  <u>N/A</u>	Source(s) who reported the malfunction to the county:  <u>N/A</u>	
Location (note all affected precincts):  <u>N/A</u>	Voting System Component(s) and Model(s) affected:  <u>N/A</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Carbon</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk  
or Authorized Representative

Name of Chief Clerk  
or Authorized Representative

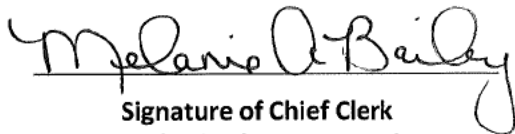

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Centre	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Melanie A Bailey	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES & S		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):  		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> (note all affected precincts):	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Centre] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
Signature of Chief Clerk  
or Authorized Representative

Melanie A. Bailey

Name of Chief Clerk  
or Authorized Representative

12/04/2025

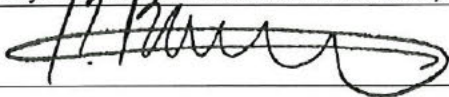
Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Chester	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Karen Barsoum, Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software (ES&S)		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced		
<b>Time span of the malfunction:</b> 1 hour 51 minutes	<b>Source(s) who reported the malfunction to the county:</b> Poll Worker of the precinct	
<b>Location</b> (note all affected precincts): 462 Phoenixville N - 2	<b>Voting System Component(s) and Model(s) affected:</b> DS200	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Prevented the tabulation of 0 ballots</li> <li><input type="checkbox"/> Delayed the tabulation of 0 ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Chester ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Karen Barsoum

Name of Chief Clerk  
or Authorized Representative

12/18/25

Date

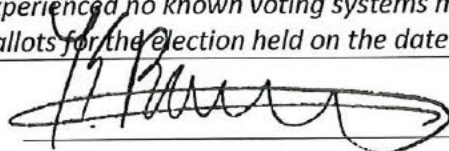


## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Chester	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Karen Barsoum, Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software (ES&S)		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): Voter inserted ballot stub with ballot card into the Express Vote ballot marking device.		
<b>Time span of the malfunction:</b> 45 minutes	<b>Source(s) who reported the malfunction to the county:</b> Poll Worker of the precinct	
<b>Location</b> (note all affected precincts) 681 East Vincent 2	<b>Voting System Component(s) and Model(s) affected:</b> Express Vote	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Prevented the tabulation of 0 ballots</li> <li><input type="checkbox"/> Delayed the tabulation of 0 ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Due to nature of the issue with Express Vote, machine was replaced.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Chester ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Karen Barsoum

Name of Chief Clerk  
or Authorized Representative

12/18/25

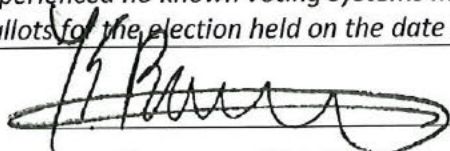
Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Chester	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Karen Barsoum, Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software (ES&S)		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced		
<b>Time span of the malfunction:</b> 1 Hour 10 Minutes	<b>Source(s) who reported the malfunction to the county:</b> Poll Worker of the precinct	
<b>Location</b> (note all affected precincts): 515 East Pikeland 1	<b>Voting System Component(s) and Model(s) affected:</b> DS200	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Prevented the tabulation of 0 ballots</li> <li><input checked="" type="checkbox"/> Delayed the tabulation of 1 ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced. One ballot that was placed in the emergency slot could not be tabulated at polling place and needed to be duplicated.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Chester ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Karen Barsoum

Name of Chief Clerk  
or Authorized Representative

12/18/25

Date

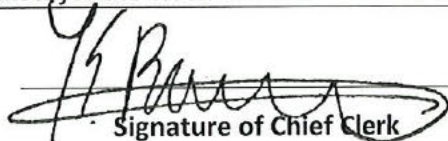


## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Chester	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Karen Barsoum, Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software (ES&S)		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): Express Vote experienced a ballot card jam		
<b>Time span of the malfunction:</b> 1 hour 34 mins	<b>Source(s) who reported the malfunction to the county:</b> Poll Worker of the precinct	
<b>Location</b> (note all affected precincts) 356 East Marlborough South	<b>Voting System Component(s) and Model(s) affected:</b> Express Vote	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Prevented the tabulation of 0 ballots</li> <li><input type="checkbox"/> Delayed the tabulation of 0 ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Express Vote was replaced.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Chester ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

Karen Barsoum  
 Name of Chief Clerk  
 or Authorized Representative

12/18/25  
 Date

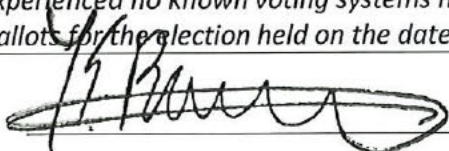


## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Chester	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Karen Barsoum, Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software (ES&S)		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i> DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced		
<b>Time span of the malfunction:</b> 34 minutes	<b>Source(s) who reported the malfunction to the county:</b> Poll Worker of the precinct	
<b>Location</b> <i>(note all affected precincts):</i> 015 Birmingham	<b>Voting System Component(s) and Model(s) affected:</b> DS200	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by 0 voters</li> <li><input type="checkbox"/> Prevented the tabulation of 0 ballots</li> <li><input type="checkbox"/> Delayed the tabulation of 0 ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.		
<b>Declaration of no reportable malfunction</b> <span style="color: red;">(only complete if you have nothing to report under Directive 2 of 2023)</span>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Chester ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Karen Barsoum

Name of Chief Clerk  
or Authorized Representative

12/18/25

Date

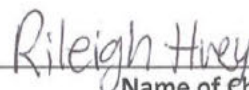
## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> <u>Clarion</u>	<b>Election Date:</b> <u>11/4/2025</u>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> <u>Raleigh Huey - Deputy Director</u>	<b>Phone/Email</b> <div style="background-color: black; width: 100%; height: 20px;"></div>
<b>Voting System Name:</b> <u>Dominion</u>		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> <i>(note all affected precincts):</i>	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input type="checkbox"/> Delayed the casting of ballots by ____ voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Clarion</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

  
 \_\_\_\_\_  
 Signature of Chief Clerk  
 or Authorized Representative

  
 \_\_\_\_\_  
 Name of Chief Clerk  
 or Authorized Representative

11/20/2025  
 \_\_\_\_\_  
 Date

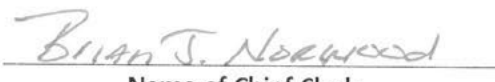
## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>CLEARFIELD</u>	Election Date:	Date Incident Identified:
Person Completing Report	Name & Title <u>Brian Norwood</u> <u>DIRECTOR OF ELECTIONS</u>	Phone/Email [REDACTED]
Voting System Name: <u>ES &amp; S</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>CLEARFIELD</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
or Authorized Representative

  
 Name of Chief Clerk  
or Authorized Representative

12/2/25  
 Date

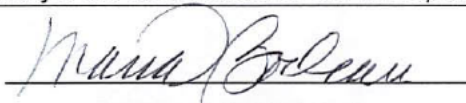


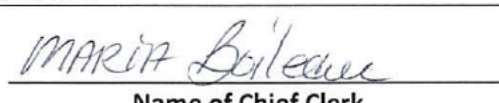
## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Clinton	<b>Election Date:</b> Nov 4 2025	<b>Date Incident Identified:</b> Nov 4, 2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Maria Boileau, Director, Voter Registration	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems and Software		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>  There were no malfunctions this election		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> <i>(note all affected precincts):</i>	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <span style="color: red;">(only complete if you have nothing to report under Directive 2 of 2023)</span>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Clinton ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

  
 Name of Chief Clerk  
 or Authorized Representative

  
 Date

# Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Columbia</u>	Election Date: <u>Nov 4 2025</u>	Date Incident Identified: <u>Jammed Adjudicator</u>
Person Completing Report	Name & Title <u>Matthew Repasky Elections</u>	Phone/Email <div style="background-color: black; width: 100%; height: 20px;"></div>
Voting System Name: <u>Unisyn Voting Solutions.</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Ballot Jam</u>		
Time span of the malfunction: <u>About 20-30 min</u>	Source(s) who reported the malfunction to the county: <u>Judge of Elections</u>	
Location (note all affected precincts): <u>Madison Twp</u>	Voting System Component(s) and Model(s) affected: <u>Open Elect Optical - OVD</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>17</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Tech was sent to get bits out. Voter ballot spoiled. New ballot created. Ballots placed in the auxiliary bin until jam fixed</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Matthew Repasky  
Signature of Chief Clerk  
or Authorized Representative

Matthew Repasky  
Name of Chief Clerk  
or Authorized Representative

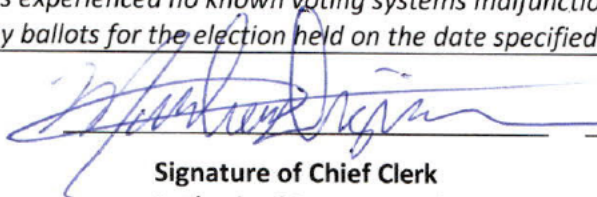
11-5-25  
Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Crawford	<b>Election Date:</b> Nov. 4, 2025	<b>Date Incident Identified:</b> NA
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Matthew Digiacomio, Voting System Specialist	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Dominion Democracy Suite		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ):		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> ( <i>note all affected precincts</i> ):		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Crawford ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Matthew Digiacomio

Name of Chief Clerk  
or Authorized Representative

Nov. 21, 2025

Date



## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> <u>Cumberland</u>	<b>Election Date:</b> <u>11/4/25</u>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> <u>Bethany Salzarulo, Director</u>	<b>Phone/Email</b> <div style="background-color: black; height: 20px; width: 100%;"></div>
<b>Voting System Name:</b> <u>Express Vote XL</u>		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ):		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> ( <i>note all affected precincts</i> ):		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ): <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input type="checkbox"/> Delayed the casting of ballots by ____ voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Cumberland</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Bethany Salzarulo

Signature of Chief Clerk  
or Authorized Representative

Bethany Salzarulo

Name of Chief Clerk  
or Authorized Representative

12/15/25

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> <u>Dauphin</u>	<b>Election Date:</b> <u>11/4/25</u>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> <u>Christopher T Speckman, Director</u>	<b>Phone/Email</b> <div style="background-color: black; height: 20px; width: 100%;"></div>
<b>Voting System Name:</b> <u>Clearballot 2.0</u>		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>  		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> <i>(note all affected precincts):</i>	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>  		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Dauphin</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

*Christopher T Speckman*

Signature of Chief Clerk  
or Authorized Representative

Christopher T Speckman

Name of Chief Clerk  
or Authorized Representative

12/30/25


Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Delaware	<b>Election Date:</b> 11/4/2025	<b>Date Incident Identified:</b> 11/4/2025
<b>Person Completing Report</b>	<b>Name &amp; Title:</b> James P. Allen, Election Director, Delaware County PA	<b>Phone/Email:</b> [REDACTED]
<b>Voting System Name:</b> Hart Verity 2.7		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ): Replaced three scanners, one each in Bethel 2, Ridley Twp 9-2 and Upper Darby 7-6, and Touch Writer (BMD) in Chester City 5-2.		
<b>Time span of the malfunction:</b> Approx. 30 minutes	<b>Source(s) who reported the malfunction to the county:</b> Poll workers and rovers	
<b>Location</b> ( <i>note all affected precincts</i> ): See Equipment Malfunction Description above.	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ): <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input checked="" type="checkbox"/> Delayed the casting of ballots by unknown number of voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):		
Emergency/auxiliary ballot boxes are in every polling place so that voting can continue uninterrupted. However, it is not known whether any voters waited until equipment was replaced before casting their ballots.		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )		

  
 Signature of Chief Clerk  
 or Authorized Representative

James P. Allen  
 Name of Chief Clerk  
 or Authorized Representative

1-2-2026  
 Date

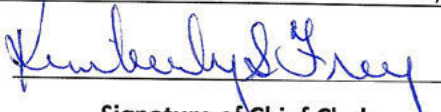


## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Elk	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Kimberly S. Frey, Director of Election/Voter Registration	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S Express Vote Tabulators and DS 200		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): Processing board in ES&S Express Vote Tabulator malfunctioned in precinct on Election Day.		
<b>Time span of the malfunction:</b> Stopped working at 3:00 PM to 8:00 PM	<b>Source(s) who reported the malfunction to the county:</b> County Election Day Rover and Judge of Election	
<b>Location</b> (note all affected precincts): St. Marys 8th Precinct 1002 Earth Rd., St. Marys, PA 15857	<b>Voting System Component(s) and Model(s) affected:</b> ES&S Express Vote Tabulator - 1 Machine was effected. version 1.0.6.0	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input checked="" type="checkbox"/> Prevented the casting of ballots by 0 voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 0 voters <input checked="" type="checkbox"/> Prevented the tabulation of 0 ballots <input checked="" type="checkbox"/> Delayed the tabulation of 0 ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  The precinct had three other ES&S Express Vote Tabulator for use in the precinct. Voting was not delayed and voters were not prevented from voting. The votes that were accumulated on the machine were retrieved from the machines USB drive that the Poll Workers brought to the Elections Office.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)  <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Elk] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
Signature of Chief Clerk  
or Authorized Representative

Kimberly S. Frey, Director of Election/Voter Reg.

Name of Chief Clerk  
or Authorized Representative

11/19/2025

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b>	<b>Election Date:</b> 11/4/2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Tonia Fernandez	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> LIBERTY VOTE		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> <i>(note all affected precincts):</i>		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ERIE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

*Tonia Fernandez*

Signature of Chief Clerk  
or Authorized Representative

TONIA FERNANDEZ

Name of Chief Clerk  
or Authorized Representative

12/30/2025

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> FAYETTE	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b> No incident per Directive
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Marybeth Kuznik, Director of Elections	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Dominion 5.5A		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): NONE -- Two precincts reported alleged "malfunctions" but neither one fit the definition of a malfunction in the PA Dept. of State Directive on Uniform Reporting of Voting System Malfunctions. One was a brief paper jam (2 minutes) and one was user error caused by incorrect activation code being entered on the scanner.		
<b>Time span of the malfunction:</b> n/a	<b>Source(s) who reported the malfunction to the county:</b> James Dunn, Judge of Election, Georges 3 and Anita Huey, Judge of Election, Brownsville 3	
<b>Location</b> (note all affected precincts): Georges 3 and Brownsville 3	<b>Voting System Component(s) and Model(s) affected:</b> scanner	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <b>NONE</b>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
County Election Bureau re-advised Brownsville 3 of the correct activation code.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [FAYETTE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

Marybeth Kuznik  
 Name of Chief Clerk  
 or Authorized Representative

12-31-2025  
 Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Forest	<b>Election Date:</b> 11/4/2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<i>Name &amp; Title</i> Jean Ann Hitchcock/ Director	<i>Phone/Email</i> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ):  No Malfunctions		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> ( <i>note all affected precincts</i> ):	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ):  <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Prevented the casting of ballots by ____ voters</div> <div><input type="checkbox"/> Delayed the casting of ballots by ____ voters</div> <div><input type="checkbox"/> Prevented the tabulation of ____ ballots</div> <div><input type="checkbox"/> Delayed the tabulation of ____ ballots</div> </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):  <div style="height: 80px; border: 1px solid black;"></div>		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Forest ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

*Jean Ann Hitchcock*

Signature of Chief Clerk  
or Authorized Representative

*Jean Ann Hitchcock 11-6-25*

Name of Chief Clerk  
or Authorized Representative

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Franklin	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Susan Christophel, Deputy Chief Clerk/Election Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): The screen of Washington 1's DS200 went black. Ballots were placed in the emergency bin until the ES&S representative determined it was a loose power cable in back of the machine.		
<b>Time span of the malfunction:</b> 8:05 am to 8:45 am	<b>Source(s) who reported the malfunction to the county:</b> Mary Brennan, Judge of Election	
<b>Location</b> (note all affected precincts): Washington 1	<b>Voting System Component(s) and Model(s) affected:</b> ES&S DS 200	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>30</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  ES&S representative was sent to determine cause of malfunction. Voters were instructed to place their voted ballots into the emergency bin of the DS200. The problem was a loose power cable. The ballots were removed from the emergency bin and run through the DS200.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)  <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Franklin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

*Carrie E. Gray*

Signature of Chief Clerk  
or Authorized Representative

Carrie E. Gray

Name of Chief Clerk  
or Authorized Representative

11/20/2025

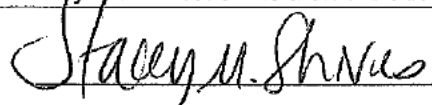
Date

## Voting System Malfunction Report

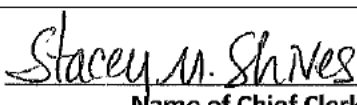
Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> FULTON	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> LINDA A DOYLE ELECTIONS DIRECTOR	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> HART		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):  		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> (note all affected precincts):	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [FULTON] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative



Name of Chief Clerk  
or Authorized Representative

12/30/25

Date



# Voting System Malfunction Report

TLP: AMBER (When completed)

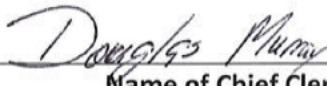
Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

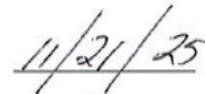
County: Greene	Election Date: 11/4/2025	Date Incident Identified:
Person Completing Report	Name & Title Douglas Murray I.T. Director	Phone/Email [REDACTED]
Voting System Name: Elections Systems and Software		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Greene] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative



Name of Chief Clerk  
or Authorized Representative



Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> <u>Huntingdon</u>	<b>Election Date:</b> <u>11/4/25</u>	<b>Date Incident Identified:</b> <u>N/A</u>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> <u>Ass. elections coordinator</u> <u>Miranda Tress</u>	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> <u>N/A</u>		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):  <u>NO Malfunctions</u>		
<b>Time span of the malfunction:</b> <u>N/A</u>	<b>Source(s) who reported the malfunction to the county:</b> <u>N/A</u>	
<b>Location</b> (note all affected precincts): <u>N/A</u>	<b>Voting System Component(s) and Model(s) affected:</b> <u>N/A</u>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input type="checkbox"/> Delayed the casting of ballots by ____ voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  <div style="height: 60px; border: 1px solid black;"></div>		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Huntingdon</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Heather Deulma

Signature of Chief Clerk  
or Authorized Representative

Heather Fellman

Name of Chief Clerk  
or Authorized Representative

12/18/25

Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Indiana	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 12/01/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Robin Maryai, Chief Clerk	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S DS200		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i> When the voters were putting their ballots in the DS200 the warning sign unreadable marks came up.		
<b>Time span of the malfunction:</b> 9:00 to 10:30 a.m.	<b>Source(s) who reported the malfunction to the county:</b> Judge of Election for Conemaugh #3 Carol Elwood	
<b>Location</b> <i>(note all affected precincts):</i> Conemaugh #3	<b>Voting System Component(s) and Model(s) affected:</b> ES&S DS200	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input checked="" type="checkbox"/> Delayed the casting of ballots by <u>15</u> voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i> <p>The machine was quickly replaced and the voters where able to put their ballots in the DS200 with success through the end of the day.</p>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i> <p><input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Indiana has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</p>		



Signature of Chief Clerk  
or Authorized Representative

Robin Maryai

Name of Chief Clerk  
or Authorized Representative

12/01/2025


Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Jefferson</u>	Election Date: <u>11/4/2025</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Angela Burrige, Voter Registrar</u>	Phone/Email 
Voting System Name: <u>Liberty Vote (Dominion)</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):  <u>none</u>		
Time span of the malfunction:  <u>n/a</u>	Source(s) who reported the malfunction to the county:  <u>n/a</u>	
Location (note all affected precincts):  <u>n/a</u>	Voting System Component(s) and Model(s) affected:  <u>n/a</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  <u>n/a</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Jefferson</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Angela Burrige

Signature of Chief Clerk  
or Authorized Representative

Angela Burrige

Name of Chief Clerk  
or Authorized Representative

12/11/25

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Juniata	Election Date: November 4, 2025	Date Incident Identified:
Person Completing Report	Name & Title Eva M. Weyrich Election Director	Phone/Email [REDACTED]
Voting System Name: DS200		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Juniata] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Eva M. Weyrich

Name of Chief Clerk  
or Authorized Representative

11/10/2025

Date

# Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Lackawanna</u>	Election Date: <u>11-4-2025</u>	Date Incident Identified:
<b>Name &amp; Title</b> <u>Elizabeth Hopkins, Director</u>	<b>Phone/Email</b> [REDACTED]	
Voting System Name: <u>ES&amp;S</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Election held to resolve the malfunction/ensure continued voting: [REDACTED]		
Declaration of no reportable malfunction (only complete if you have nothing to report under this section)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Lackawanna</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Elizabeth A. Hopkins  
Signature of Chief Clerk  
or Authorized Representative

Elizabeth A. Hopkins  
Name of Chief Clerk  
or Authorized Representative

12-30-25  
Date



## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Lancaster	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Christa Miller, Chief Clerk	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Hart Verity		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> <i>(note all affected precincts):</i>		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lancaster] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Miller, Christa

Digitally signed by Miller, Christa  
Date: 2025.11.12 14:41:27 -0500

Christa Miller

11/12/2025

Signature of Chief Clerk  
or Authorized Representative

Name of Chief Clerk  
or Authorized Representative

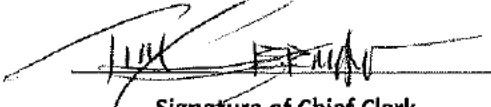
Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> <u>Lawrence</u>	<b>Election Date:</b> <u>11/4/25</u>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> <u>TIM GERMANI</u> <u>DIRECTOR OF ELECTIONS</u>	<b>Phone/Email</b> <span style="background-color: black; color: black;">[REDACTED]</span>
<b>Voting System Name:</b> <u>ES&amp;S ELECTIONWARE</u>		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> (note all affected precincts):	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>LAWRENCE</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
Signature of Chief Clerk  
or Authorized Representative


TIM GERMANI  
Name of Chief Clerk  
or Authorized Representative

12/18/2025  
Date

# Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Lebanon</u>	Election Date: <u>11/4/25</u>	Date Incident Identified: <u>11/4/25</u>
Person Completing Report	Name & Title <u>Sean Drasher</u>	Phone/Email 
Voting System Name: <u>ESS</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>None</u>		
Time span of the malfunction: <u>NA</u>	Source(s) who reported the malfunction to the county: <u>ROGERS / POL WORKERS</u>	
Location (note all affected precincts): <u>NA</u>	Voting System Component(s) and Model(s) affected: <u>NA</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Smooth election with only isolated paper jams</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ <u>Lebanon</u> ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk  
or Authorized Representative

Name of Chief Clerk  
or Authorized Representative

Date



# Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <b>LEHUN</b>	Election Date: <b>04NN25</b>	Date Incident Identified: <b>NA</b>
Person Completing Report	Name & Title <b>TIM BENNYO CHIEF CLERK</b>	Phone/Email [REDACTED]
Voting System Name: <b>ESS ELECTIONWARE</b>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <b>NA</b>		
Time span of the malfunction: <b>NA</b>	Source(s) who reported the malfunction to the county: <b>NA</b>	
Location (note all affected precincts): <b>NA</b>	Voting System Component(s) and Model(s) affected: <b>NA</b>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <b>NA</b>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <b>[LEHUN]</b> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
Signature of Chief Clerk  
or Authorized Representative

**TIM BENNYO**  
Name of Chief Clerk  
or Authorized Representative


**29 DEC 25**  
Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: LUZERNE	Election Date: 11/4/2025	Date Incident Identified:
Person Completing Report	Name & Title EMILY COOK	Phone/Email [REDACTED]
Voting System Name: DOMINION VOTING SYSTEM		
Equipment Malfunction Description (summarize and describe the nature of the incident here):  		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LUZERNE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
Signature of Chief Clerk  
or Authorized Representative

EMILY COOK

Name of Chief Clerk  
or Authorized Representative

01/02/2026

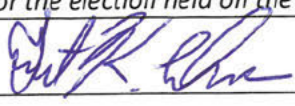
Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Lycoming	<b>Election Date:</b> 11/4/2025	<b>Date Incident Identified:</b> 11/4/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Forrest K. Lehman	<b>Phone/Email</b> <div style="background-color: black; width: 100px; height: 20px;"></div>
<b>Voting System Name:</b> ClearVote 2.3		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i> ClearCast scanner not accepting ballots		
<b>Time span of the malfunction:</b> 0700-0805	<b>Source(s) who reported the malfunction to the county:</b> Judge of Elections	
<b>Location</b> <i>(note all affected precincts):</i> Franklin Township	<b>Voting System Component(s) and Model(s) affected:</b> ClearCast ballot scanner	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>9</u> voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input checked="" type="checkbox"/> Delayed the tabulation of <u>9</u> ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>  Ballot scanner was set to the incorrect precinct. County rover set the scanner to the correct precinct, and regular voting resumed.		
<b>Declaration of no reportable malfunction</b> <span style="color: red;">(only complete if you have nothing to report under Directive 2 of 2023)</span>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Lycoming ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

  
 Signature of Chief Clerk  
 or Authorized Representative

Forrest K. Lehman  
 Name of Chief Clerk  
 or Authorized Representative

11/4/2025  
 Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Lycoming	<b>Election Date:</b> 11/4/2025	<b>Date Incident Identified:</b> 11/4/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Forrest K. Lehman	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ClearVote 2.3		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): ClearCast scanner stuck on "ballot processing" screen and "no boot device found" screen.		
<b>Time span of the malfunction:</b> 1605-1655	<b>Source(s) who reported the malfunction to the county:</b> Judge of Elections	
<b>Location</b> (note all affected precincts): Porter Township	<b>Voting System Component(s) and Model(s) affected:</b> ClearCast ballot scanner	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>32</u> voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input checked="" type="checkbox"/> Delayed the tabulation of <u>32</u> ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  Ballot scanner was stuck on the "ballot processing" screen. County rover rebooted the scanner and the scanner stuck on "no boot device found" screen. County rover set up a spare scanner. Results and reports were retrieved from both scanners after the close of polls.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Lycoming ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

Forrest K. Lehman  
 Name of Chief Clerk  
 or Authorized Representative

11/4/2025  
 Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Lycoming	<b>Election Date:</b> 11/4/2025	<b>Date Incident Identified:</b> 11/4/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Forrest K. Lehman	<b>Phone/Email</b> <div style="background-color: black; width: 100px; height: 20px;"></div>
<b>Voting System Name:</b> ClearVote 2.3		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ): ClearCast scanner stuck on "ballot processing" screen.		
<b>Time span of the malfunction:</b> 1540-1630		<b>Source(s) who reported the malfunction to the county:</b> Judge of Elections
<b>Location</b> ( <i>note all affected precincts</i> ): Shrewsbury Township		<b>Voting System Component(s) and Model(s) affected:</b> ClearCast ballot scanner
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ):  <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Prevented the casting of ballots by ____ voters</div> <div><input checked="" type="checkbox"/> Delayed the casting of ballots by <u>5</u> voters</div> <div><input type="checkbox"/> Prevented the tabulation of ____ ballots</div> <div><input checked="" type="checkbox"/> Delayed the tabulation of <u>5</u> ballots</div> </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):  Ballot scanner was stuck on the "ballot processing" screen. County rover rebooted the scanner.		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ Lycoming ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
\_\_\_\_\_  
**Signature of Chief Clerk  
or Authorized Representative**

Forrest K. Lehman  
\_\_\_\_\_  
**Name of Chief Clerk  
or Authorized Representative**

11/4/2025  
\_\_\_\_\_  
**Date**

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> McKean	<b>Election Date:</b> 11/4/2525	<b>Date Incident Identified:</b> N/A
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Mary Hollebeke, Director of <i>ELECTIONS</i>	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S ExpressVote Tabulators and		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ):  None		
<b>Time span of the malfunction:</b>  N/A	<b>Source(s) who reported the malfunction to the county:</b>  N/A	
<b>Location</b> ( <i>note all affected precincts</i> ):  N/A	<b>Voting System Component(s) and Model(s) affected:</b>  N/A	
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ):  <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Prevented the casting of ballots by ____ voters</div> <div><input type="checkbox"/> Delayed the casting of ballots by ____ voters</div> <div><input type="checkbox"/> Prevented the tabulation of ____ ballots</div> <div><input type="checkbox"/> Delayed the tabulation of ____ ballots</div> </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):  <div style="text-align: center; height: 40px;">N/A</div>		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [McKean] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 \_\_\_\_\_  
 Signature of Chief Clerk  
 or Authorized Representative

Mary Hollebeke  
 Director of *ELECTIONS*  
 \_\_\_\_\_  
 Name of Chief Clerk  
 or Authorized Representative

12/11/2025  
 \_\_\_\_\_  
 Date



## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> MERCER	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> THAD HALL, DIRECTOR	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S 6.0.1.0		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i> Not applicable		
<b>Time span of the malfunction:</b> Not applicable	<b>Source(s) who reported the malfunction to the county:</b> Not applicable	
<b>Location</b> <i>(note all affected precincts):</i> Not applicable	<b>Voting System Component(s) and Model(s) affected:</b> Not applicable	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>  Not applicable		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [MERCER] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Thad Hall

 Digitally signed by Thad Hall  
 Date: 2025.12.18 13:58:25 -05'00'

THAD HALL

12/18/2025

Signature of Chief Clerk  
or Authorized Representative

Name of Chief Clerk  
or Authorized Representative

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> <u>Mifflin</u>	<b>Election Date:</b> <u>November 4, 2025</u>	<b>Date Incident Identified:</b> <u>N/A</u>
<b>Incident Category:</b>	<b>Name &amp; Title:</b> <u>Paula Hoffman Election Director</u>	<b>Phone/Email:</b> [REDACTED]
<b>Voting System Name:</b> <u>ES+S - DS200 + DS450</u>		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):  <u>NONE</u>		
<b>Time span of the malfunction:</b>  <u>N/A</u>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> (note all affected precincts):  <u>N/A</u>	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by _____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by _____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of _____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of _____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  <u>N/A</u>		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>[Mifflin]</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Paula Hoffman

Signature of Chief Clerk  
or Authorized Representative

Paula Hoffman

Name of Chief Clerk  
or Authorized Representative

1-2-2026

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b>	<b>Election Date:</b> 11-4-2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Director Sara L. May-Silfee	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Clear Ballot		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> (note all affected precincts):		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Monroe] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Sara L. May-Silfee

Signature of Chief Clerk  
or Authorized Representative

Sara L. May-Silfee

Name of Chief Clerk  
or Authorized Representative

12-11-2025

Date

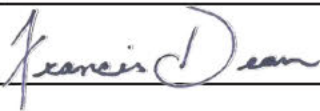


## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Montgomery	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Kelly Gale, Deputy Director of Elections	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Liberty Vote		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ): Reoccurring paper Jams		
<b>Time span of the malfunction:</b> Approximately 53 minutes	<b>Source(s) who reported the malfunction to the county:</b> Poll Workers	
<b>Location</b> ( <i>note all affected precincts</i> ): Montgomery 7, Upper Moreland 2-2	<b>Voting System Component(s) and Model(s) affected:</b> Precinct Scanner	
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input checked="" type="checkbox"/> Delayed the casting of ballots by <u>76</u> voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):		
Scanners were cleaned by roving technicians. One precinct used the auxiliary bin while the scanner was being cleaned. Ballots scanned without issue. Second precinct's scanner was replaced. All scanners and rollers will be cleaned and/or replaced in between elections.		
<b>Declaration of no reportable malfunction</b> ( <i>only complete if you have nothing to report under Directive 2 of 2023</i> )		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Francis Dean

Name of Chief Clerk  
or Authorized Representative

12/31/25

Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> MONTOUR	<b>Election Date:</b> 11-4-2025	<b>Date Incident Identified:</b> N A
<b>Person Completing Report</b>	<i>Name &amp; Title</i> RYAN M CRAIG ASSISTANT DIRECTOR OF ELECTIONS	<i>Phone/Email</i> <div style="background-color: black; width: 100%; height: 20px;"></div>
<b>Voting System Name:</b>		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> <i>(note all affected precincts):</i>	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input type="checkbox"/> Delayed the casting of ballots by ____ voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <span style="color: red;">(only complete if you have nothing to report under Directive 2 of 2023)</span>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <b>MONTOUR</b> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

RYAN M CRAIG

Name of Chief Clerk  
 or Authorized Representative

12-18-2025

Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Northampton	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Christopher M. Communi, Registrar	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S ExpressVote XL		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> <i>(note all affected precincts):</i>		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Northampton] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Christopher M. Communi Digitally signed by Christopher M. Communi  
DN: cn=Christopher M. Communi, o=Northampton, email=cmcommuni@nhampton.gov, c=US  
Date: 2025.11.20 10:10:10 -0500

**Signature of Chief Clerk  
or Authorized Representative**

Christopher M. Communi

**Name of Chief Clerk  
or Authorized Representative**

11/20/2025

**Date**



Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Northumberland	Election Date: 11/4/2025	Date Incident Identified:
Person Completing Report	Name & Title Lindsay Phillips, Chief Registrar	Phone/Email [REDACTED]
Voting System Name: EJS Express Vote Tabulator		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Northumberland has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
Signature of Chief Clerk  
or Authorized Representative

Lindsay Phillips  
Name of Chief Clerk  
or Authorized Representative

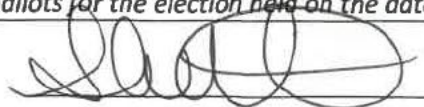
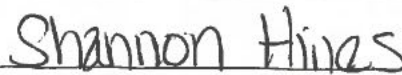
11/14/25  
Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Perry</u>	Election Date: <u>11-4-2025</u>	Date Incident Identified: <u>11-4-2025</u>
Person Completing Report	Name & Title <u>Sarah Geesaman Director</u>	Phone/Email [REDACTED]
Voting System Name: <u>Clear Ballot</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Small round battery went bad in machine</u>		
Time span of the malfunction: <u>10min</u>	Source(s) who reported the malfunction to the county: <u>Judge of Election in Sawille Twp</u>	
Location (note all affected precincts): <u>Sawille Twp - Fire House</u> <u>10350 Raccoon Valley Rd Idalsburg</u>	Voting System Component(s) and Model(s) affected: <u>Clear Cast 2.3</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>10</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Clear Cast machine battery - Blew when plugging to set up the election equipment. We sent a CB rover + a new clear cast machine to site - They had it up and running @ 7:10am voters -</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [_____] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk  
or Authorized Representative

Name of Chief Clerk  
or Authorized Representative
11/25/2025  
Date

Stayed, waited for cast machine to cast their ballots.  
Everyone was aware of the issue.



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Philadelphia</u>	Election Date: <u>11/4/2025</u>	Date Incident Identified: <u>11/4/2025</u>
Person Completing Report	Name & Title <u>Joseph Lynch, Director of Operations</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>Election Systems &amp; Software (ES&amp;S)</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>See Attached</u>		
Time span of the malfunction: <u>See Attached</u>	Source(s) who reported the malfunction to the county: <u>See Attached</u>	
Location (note all affected precincts): <u>See Attached</u>	Voting System Component(s) and Model(s) affected: <u>See Attached</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots <u>See Attached</u>		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>See Attached</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>[REDACTED]</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Joseph Lynch  
Signature of Chief Clerk  
or Authorized Representative

Joseph Lynch  
Name of Chief Clerk  
or Authorized Representative

12-29-25  
Date



**Voting System Malfunction Report: Exhibit A  
Philadelphia County**

On November 4, 2025, Philadelphia County successfully conducted an election employing 3,512 Ballot Marking Devices (BMDs) and 12 central scanners. In total, 382,626 votes were received by all voting system components. At one division, 59-02, Paper Path Module (PPM) issues were present on both BMDs at the same time, though a technician was dispatched and resolved the issue on both machines within one hour. For the entirety of election day in all other divisions, at least one BMD was fully operable, and no voter was prevented from casting a ballot due to a voting system malfunction. Furthermore, no voting system malfunctions caused the tabulation of ballots to be prevented.

Listed below are any voting system malfunctions that may have caused a delay for voters or tabulation of ballots. In all instances except 59-02, voting by BMD was able to continue at the division and therefore the exact impact in terms of number of voters delayed cannot be determined; approximate impact has been estimated and provided. The Philadelphia County Board of Elections has nonetheless reported these instances here in accordance with the Department of State's Directive 2 of 2023.

<b>Equipment Malfunction Description</b>	<b>Time Span of Malfunction</b>	<b>Source(s) Who Reported Malfunction</b>	<b>Location (Ward-Division)</b>	<b>Voting System Component(s) and Model(s) affected</b>	<b>Approximated Impact of Malfunction</b>	<b>Action Taken</b>
Paper Path Module (PPM) Issue	6 hours	Election Board Worker	05-31	PPM	Delayed the casting of ballots by appr. 25-33 voters	BMD replaced
Paper Path Module (PPM) Issue	8.5 hours	Election Board Worker	06-06	PPM	Delayed the casting of ballots by 23 voters	BMD replaced
Paper Path Module (PPM) Issue	1.5 hours	Election Board Worker	14-01	PPM	Delayed the casting of ballots by 31 voters	BMD replaced
Paper Path Module (PPM) Issue	9 hours	Election Board Worker	30-03	PPM	Delayed the casting of ballots by 85 voters	BMD replaced
Paper Path Module (PPM) Issue	7 hours	Election Board Worker	34-34	PPM	Delayed the casting of ballots by 45 voters	BMD replaced
Paper Path Module (PPM) Issue	1 hour	Election Board Worker	59-02	PPM	Delayed the casting of ballots by 80 voters	Technician resolved issue

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

County: <u>Pike</u>	Election Date: <u>Nov. 4, 2025</u>	Date Incident Identified: <u>NA</u>
Person Completing Report	Name & Title <u>Nadeen Manzoni, Director</u>	Phone/Email <div style="background-color: black; width: 100%; height: 20px;"></div>
Voting System Name: <u>Dominion Voting Systems ICP-ICX-ICC</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):  <u>NA</u>		
Time span of the malfunction:  <u>NA</u>	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):  <u>NA</u>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ <u>                    </u> ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Nadeen Manzoni

Signature of Chief Clerk  
or Authorized Representative

Nadeen Manzoni

Name of Chief Clerk  
or Authorized Representative

11-21-25

Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> POTTER	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Charlie F. Brown, Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S- DS200 and Tabulator		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> <i>(note all affected precincts):</i>		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [POTTER] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Signature of Chief Clerk  
or Authorized Representative

Charlie F. Brown

Name of Chief Clerk  
or Authorized Representative

12/31/2025

Date

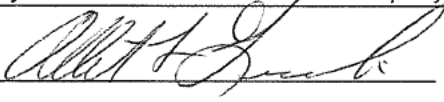


## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> SCHUYLKILL	<b>Election Date:</b> 11/04/2025 <u>November 4, 2025</u>	<b>Date Incident Identified:</b> 11/04/2025 <u>November 4, 2025</u>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> ALBERT L. GRICOSKI, DIRECTOR	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems and Software (ES&S)		
<b>Equipment Malfunction Description</b> ( <i>summarize and describe the nature of the incident here</i> ): Precinct Scanner DS200 would not accept ballot(s)		
<b>Time span of the malfunction:</b> approx. 30 minutes	<b>Source(s) who reported the malfunction to the county:</b> Pollworker reported to Rover who Reported to County	
<b>Location</b> ( <i>note all affected precincts</i> ): Precinct 015 Cass Township - North	<b>Voting System Component(s) and Model(s) affected:</b> DS200 Scanner	
<b>Impact of the malfunction</b> ( <i>check and provide numbers for all that apply</i> ): <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>2</u> voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> ( <i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i> ):  The Rover successfully exchanged DS200 scanner with replacement DS200 scanner and ballots were being accepted. No further issues.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ SCHUYLKILL ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

ALBERT L. GRICOSKI, DIRECTOR  
 Name of Chief Clerk  
 or Authorized Representative

12/11/2025  
 Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Snyder</u>	Election Date: <u>11/4/2025</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Devin L. Rhoads Election Director</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>ES + S</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>N/A</u>		
Time span of the malfunction: <u>N/A</u>	Source(s) who reported the malfunction to the county: <u>N/A</u>	
Location (note all affected precincts): <u>N/A</u>	Voting System Component(s) and Model(s) affected: <u>N/A</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Snyder County did not have any voting system malfunctions, hence the N/A for all of the fields.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>(Snyder)</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

Devin L Rhoads  
 Name of Chief Clerk  
 or Authorized Representative

12/2/2025  
 Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> SOMERSET	<b>Election Date:</b> NOVEMBER 4, 2025 <input type="checkbox"/>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Tina Pritts, Election Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> (note all affected precincts):	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)  <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ SOMERSET ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Tina Pritts

Name of Chief Clerk  
or Authorized Representative

12/10/2025

Date

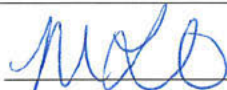


## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> <u>Sullivan</u>	<b>Election Date:</b> <u>11/4/25</u>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> <u>Nicole Lutz Director of Elections</u>	<b>Phone/Email</b> <div style="background-color: black; width: 100%; height: 20px;"></div>
<b>Voting System Name:</b> <u>Clear Ballot</u>		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> <i>(note all affected precincts):</i>		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <span style="color: red;">(only complete if you have nothing to report under Directive 2 of 2023)</span>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Sullivan</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Nicole Lutz

Name of Chief Clerk  
or Authorized Representative

12/12/25

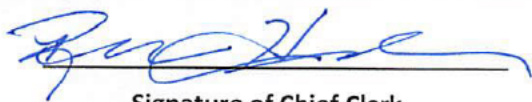
Date

## Voting System Malfunction Report

*Reported Pursuant to Directive 2 of 2023*

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Susquehanna	<b>Election Date:</b> Nov 4th, 2025	<b>Date Incident Identified:</b> N/A
<b>Person Completing Report</b>	<b>Name &amp; Title</b> LeighAnna Overfield, Director of Elections	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Unisyn		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>  N/A		
<b>Time span of the malfunction:</b>  N/A	<b>Source(s) who reported the malfunction to the county:</b>  N/A	
<b>Location</b> <i>(note all affected precincts):</i>  N/A	<b>Voting System Component(s) and Model(s) affected:</b>  N/A	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Susquehanna] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Rebekah Hubbard

Name of Chief Clerk  
or Authorized Representative

12/3/2025

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b>	<b>Election Date:</b>	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Cindy Alexander - Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES + S		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):  NA		
<b>Time span of the malfunction:</b> _____	<b>Source(s) who reported the malfunction to the county:</b> _____	
<b>Location</b> (note all affected precincts): _____	<b>Voting System Component(s) and Model(s) affected:</b> _____	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by _____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by _____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of _____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of _____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting, describe the level of success achieved with any of these attempts):		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Togo] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

*Janice Chamberlain*

Signature of Chief Clerk  
or Authorized Representative

*Janice Chamberlain*

Name of Chief Clerk  
or Authorized Representative

*11/18/23*

Date

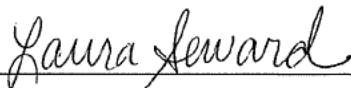


## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> UNION	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Laura Seward, Elections Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Unisyn Open Elect		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> (note all affected precincts):		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [UNION] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Laura Seward

Name of Chief Clerk  
or Authorized Representative

11/18/2025

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Venango	<b>Election Date:</b> 11/4/2025	<b>Date Incident Identified:</b> 11/4/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b>	<b>Phone/ Email</b>
	Laura Anna, Director of Election	[REDACTED]
<b>Voting System Name:</b> ESS DS 200		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): At the end of the evening at President Twp they tried to close the polls, the machine said it couldn't connect to the memory stick. We had the JOE and Minority Inspector to bring the scanner unit and the stick. We plugged the stick into a back up machine and the results printed with no issue.		
<b>Time span of the malfunction:</b>  10 minutes	<b>Source(s) who reported the malfunction to the county:</b>  Eva Palmer (JOE for President)	
<b>Location</b> (note all affected precincts): President TWP	<b>Voting System Component(s) and Model(s) affected:</b> DS200 Scanner	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters</div> <div><input type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters</div> <div><input type="checkbox"/> Prevented the tabulation of <u>0</u> ballots</div> <div><input type="checkbox"/> Delayed the tabulation of <u>234</u> ballots</div> </div>		
<b>Action taken to resolve the malfunction/ ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  We had the JOE and Minority bring the scanner unit and memory stick to election central. We plugged the stick into a back up machine. The results printed out. The only delay was that they had to drive the 35 minutes from the polling location to the central count location for the results tapes to print. We worked with the vendor to identify the issue. The vendor indicated it was an error, they suggested out of an abundance of caution we replace the stick for that precinct with a new one.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)  <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

*Laura Anna, Director of Election*

Signature of Chief Clerk  
or Authorized Representative

*Laura E. Anna*

Name of Chief Clerk  
or Authorized Representative

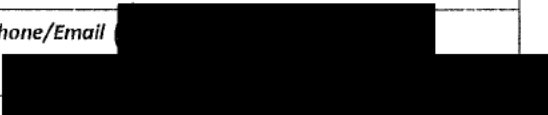
*12-3-2025*

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>WARREN</u>	Election Date: <u>11/4/2025</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>MARGIA HANSEN, DIRECTOR</u>	Phone/Email 
Voting System Name: <u>DOMINION</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):  <u>N/A</u>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [ ] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Margia Hansen

Signature of Chief Clerk  
or Authorized Representative

MARGIA HANSEN

Name of Chief Clerk  
or Authorized Representative

11/17/2025

Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Washington	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Melanie Ostrander, Director	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> ES&S EVS 6110, ExpressVote BMD for all and DS200 precinct scanners		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i> No Malfunctions		
<b>Time span of the malfunction:</b>	<b>Source(s) who reported the malfunction to the county:</b>	
<b>Location</b> <i>(note all affected precincts):</i>	<b>Voting System Component(s) and Model(s) affected:</b>	
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <div style="margin-left: 40px;"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters  <input type="checkbox"/> Delayed the casting of ballots by ____ voters  <input type="checkbox"/> Prevented the tabulation of ____ ballots  <input type="checkbox"/> Delayed the tabulation of ____ ballots         </div>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Washington</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Melanie Ostrander

Name of Chief Clerk  
or Authorized Representative

01/05/2026

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>WAYNE</u>	Election Date: <u>11/04/2025</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>AMY CHRISTOPHER, DIRECTOR</u>	Phone/Email <span style="background-color: black; color: black;">[REDACTED]</span>
Voting System Name: <u>CLEAR BALLOT, CLEAR COUNT 2.3.1</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>N/A NO INCIDENTS TO REPORT</u>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Wayne</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Amy Christopher

Signature of Chief Clerk  
or Authorized Representative

AMY CHRISTOPHER

Name of Chief Clerk  
or Authorized Representative

11/18/2025

Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

<b>County:</b> Westmoreland	<b>Election Date:</b> November 4, 2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Scott Ross - Director Elections & Technology	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Election Systems & Software		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here): System error/Ballot jam with Scanner.		
<b>Time span of the malfunction:</b> 45 minutes	<b>Source(s) who reported the malfunction to the county:</b> Judge of Election	
<b>Location</b> (note all affected precincts): Arnold 2-3	<b>Voting System Component(s) and Model(s) affected:</b> DS200 Scanner	
<b>Impact of the malfunction</b> (check and provide numbers for all that apply):  <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 7 ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):  The Tech removed the jam and then ran the ballots that were being held in the emergency slot through the scanner. They then noticed that the scanner number didn't match the number of voters from the number list of voter book. The Tech then reset the scanner to have zero votes and the Judge of Election and the Tech reran all the ballots through the scanner and the number of ballots scanned and the number of voters matched. All was then good.		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)  <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Westmoreland] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk  
or Authorized Representative

Scott Ross

Name of Chief Clerk  
or Authorized Representative

01/02/2026

Date



## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> Wyoming	<b>Election Date:</b> 11-4-2025	<b>Date Incident Identified:</b>
<b>Person Completing Report</b>	<b>Name &amp; Title</b> FLORENCE Kelleth	<b>Phone/Email</b> <div style="background-color: black; width: 100%; height: 20px;"></div>
<b>Voting System Name:</b> Clear Ballot		
<b>Equipment Malfunction Description</b> (summarize and describe the nature of the incident here):		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> (note all affected precincts):		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> (check and provide numbers for all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<b>Declaration of no reportable malfunction</b> (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Wyoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Florence Kelleth

Signature of Chief Clerk  
or Authorized Representative

Florence Kelleth

Name of Chief Clerk  
or Authorized Representative

11/20/25

Date

## Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

*Note, if you require additional space for any field, please attach a separate document to this Report*

<b>County:</b> York	<b>Election Date:</b> 11/04/2025	<b>Date Incident Identified:</b> 11/04/2025
<b>Person Completing Report</b>	<b>Name &amp; Title</b> Wyatt Yoxheimer, Election Technology Specialist	<b>Phone/Email</b> [REDACTED]
<b>Voting System Name:</b> Dominion Voting Systems		
<b>Equipment Malfunction Description</b> <i>(summarize and describe the nature of the incident here):</i>		
<b>Time span of the malfunction:</b>		<b>Source(s) who reported the malfunction to the county:</b>
<b>Location</b> <i>(note all affected precincts):</i>		<b>Voting System Component(s) and Model(s) affected:</b>
<b>Impact of the malfunction</b> <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevented the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Delayed the casting of ballots by ____ voters</li> <li><input type="checkbox"/> Prevented the tabulation of ____ ballots</li> <li><input type="checkbox"/> Delayed the tabulation of ____ ballots</li> </ul>		
<b>Action taken to resolve the malfunction/ensure continued voting</b> <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<b>Declaration of no reportable malfunction</b> <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>York</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

  
 Signature of Chief Clerk  
 or Authorized Representative

  
 Name of Chief Clerk  
 or Authorized Representative

  
 Date